



Mental Health and Disability Services Redesign 2011

Children's Disability Services Redesign CY2012 Planning

Source: Children's Disability Workgroup

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I. Development of Health Home option

- Architecture/framework within System of Care
- Certify providers ~ what qualities/practices make a health home?
 - Provider qualifications and certification
 - Eligibility required assessment of need
- Implementation planning/funding
 - Performance measurement/outcome measures
 - Reimbursement model
 - Fee for service/managed care crossover and primary care/other system crossover
- CMS approval ~ State Plan Amendment
- EHR (Electronic Health Record) ~ Data Support needs
 - Cross-system engagement modeling
 - Accessibility of providers
 - Financing/capacity for non-Title 19 eligible
- Improvement methodology
 - Investment/support for practice change
 - Plan for 2 year funding transition
 - Sustainability/scalability model
 - Support for all to participate in the team
 - Health team roles/convening of the team

II. Systems of Care

- Points of accountability and organization
 - Family
 - a. Family Peer to Peer
 - b. Family Driven
 - Community

- State
 - Cross Matrix
- Catalyzing change
 - Vision
 - Environmental
 - Holistic Perspective
 - Innovative
 - Consensus
 - EBD ~ Evidenced Based Design
 - Value ~ quality/care
 - Advocacy
 - Roles
 - Data
 - Communication
 - Community readiness
- Strategies for partnering with other child-serving systems/agencies/provider
 - Multi-system Inclusions ~ loose silos
 - Identify priorities

III. Engaging Parents, children and youth in system redesign

- Identify current strategies in place across the state
 - Family finding
 - Community forums ~ day and evening
- Analyze what works/what doesn't work ~ providers/families/community
- Providing access points for families to receive information or connect to resources
 - Use survey monkey
 - Office of Consumer Affairs & other email distribution lists
 - Facebook page
 - Website with information to access
- Plans are developed within specific communities that incorporate families/providers/
 - Provider work with families
 - Parent training and education
 - Parents may need services
 - Support parents with family-driven practices ~ choice/empowerment/after 'business hour' availability

IV. Crisis system development including interface with all-population crisis system development

- What is in place?
- What are Evidence Based models?
- What are core components?
- Interface with the adult system
- Finance
- Reimbursement method/financing
- Strength-based
- Recognizes that Emergency Room is often the access point
- Must include shelter care
- Bed capacity in hospitals and shelters
- Capacity for crisis response statewide
- Capacity of staffing
- Community awareness and buy in

V. Children's Disability System--Interface with Regional redesign activities

- Review Regional recommendations
- Regional role in system outcomes and system organizations
- Understand funding differences between children and adults
- Funding contributors ~ Local/State/Federal/Non-government
- Regionalized inventory of services
- Include capacity to serve
- Determine gaps in each region
- Specialized TA available to communities in the region
- Determine opportunities for shared services and cost reductions
- Workforce development especially in rural regions
- Assure children do not get lost due to numbers
- Care coordination for entire family
- Seamlessness for families within and between regions
- Develop regional process improvement methodology

VI. Core Services for children and youth

- Service eligibility
- ID/DD
 - HCBS Waiver
 - Include Brain Injury population and workgroup
 - Child Care Specialized
 - Positive Behavioral Supports
 - Crisis Support

- IQ Evaluation
- Systems of Care & Targeted Case Management
- Short term out of home respite ~ enhanced
- ICF based on defined level of care assessment
- Family – Peer Support
- Integrated Plans ~ IPP/ISP/ISFP/IEP
- Recognize ‘progress differences’ with child with ID
- Waiting list priority for waiver
- Life skills transition to adult
- Pre-Vocational
- Mental Health
 - Family centered
 - a. Whole Child Health perspective
 - b. Primary care
 - c. Research supported interventions ~evidence based practices
 - Coordination of care
 - a. Seamless
 - b. Managed across the continuum
 - c. Family navigators or Peer-to-Peer
 - d. Family support and respite
 - Sub acute care
 - Medication management
 - Tele-medicine and use of ARNPs
 - Must include Addiction as a specialty
 - Services available in all counties
 - Crisis teams
 - Immediate access to waiver, if eligible
 - Flexibility to move up/down continuum
 - Meaningful access to all levels of care
- Early Childhood
 - Learn about Early Childhood Iowa (birth – 5 system); it is multi-systems and child/family in multiple settings and eligibility
 - Learn evidenced based practices for early childhood
 - a. Early childhood mental health consultation
 - b. Share issues/strategies and needs with other providers and school as child grows ~ transition supports from one setting to another
 - Learn current Iowa initiatives ~ infant/child mental health association (IAAP)/Project Launch/PBIS/Early Access and ARRA

reports/Early Childhood Iowa's Mental Health group/Help Me Grow (CHCS)

- Identify ways to spread adoption of best practices
- Transition-Age Youth
 - Keep 'family' engaged
 - Catalogue all of the initiatives across education/health/child welfare/Juvenile Justice, etc.
 - Coordinate definitions, services, etc to identify what's available; eligibility, etc.
 - Engage needed community partners
 - Look at funding opportunities/barrier/gaps
 - Funding to meet needs
 - Funding to cover services past age 18; no drop off cliff on birthday
 - Services for support needs
 - Strong encouragement to have Transition Plan in place prior to age 17
 - Interagency collaboration – how does it happen/how is it coordinated
 - Vocational support
 - Half-way houses
 - Other housing options, like waiver home idea
 - Transitional living programs

VII. Assessment tools

- Gather assessment tools currently in use in different systems and determine how/when they are used
- Analyze commonalities of tools being used
- Assess current tools for gaps re: needs of this population
 - a. Family Assessments
- Strategize about whether a single assessment is at all viable OR whether common items can carry from system to system
- Utilize appropriate assessment tool – Not one
- Utilize one assessment so we can compare and contrast
- Develop core System of Care assessment process
- Family and child based outcomes

VIII. Provider qualifications

- Assure all regulations/rules are applied and consistent
- Eliminate IAC Chapter 24 ~ other state licensing standards require National accreditation as standard (CARF/COS/JCAHO)
- Review certificates and licenses of other professionals ~ IBC/CTA/Nursing

- Explore opportunities to collaborate/align credentials in adult systems and schools, ie. Behavior analysis specials and Child behavior specials/consultants
- Partner with universities to evaluate workforce needs and programs offered in state
- Reimbursement rates for qualifications requested
- Evidenced based
- Remove barriers to funding
- Expand opportunities based on training and outcomes
- Funding should incentivize evidence based practices, i.e. FFT specially trained workforce
- Across your systems knowledge when system is implemented
- Trainings should be required with ongoing re-certifications
- Offer training opportunities for people to increase qualifications
- Cultural competency
- Competent in trauma-based care
- Do not excessively quality practitioners

IX. Performance and Outcome measures

- Tracking system to report on aggregate measures
 - Data repository
 - Centralized data collection
 - Data systems
 - Safe environment to report errors and failures
- Common set of measures to track performance
 - Develop agreed upon standards for Social-Emotional skills across the age-span; need consistency; explore what other states have developed
 - Meaningful
- Continuous improvement system
 - Quality improvement
- Track long term 'successful' adults

X. Workforce development

- Recruiting and developing profession
- System training
 - Education to train teachers in managing aggressive behavior
 - Cross-system funding for training
 - Cross training
- Curriculum and competency based

- Dual diagnosis and positive behavior competencies
- State plan for college/university preparation programs (specialty vs. access, distance learning)
- Increased reimbursement rates for adequate staffing
- Incentives
- Psychology Prescribing
- Stability
- Technology
- Outside the 'box' innovations such as Microboards; human service coops; and ideas are 'refreshed' continuously
- Willing to work outside M-F, 8:00 am – 5:00 pm
- Child & Youth psychiatric consult program for Iowa
- CYC – I

XI. System financing

- Identify current funders
 - Options in Medicaid funding
 - Buy in from insurance/3rd party
 - Buy in at local level financially
 - Other county funding partners, ie United Way, Foundations
 - Braided resources
- Flexible Funding System ~ what does this child/family need
 - Non-categorical funding options (wraparound) ~ legislature won't know what they are specifically buying
 - Funding system services ~ care coordination, possibly crisis
- Performance-based contracting

XII. Community Readiness

- Non-system investment ~ religious and other informal communities
- Ownership of constituents ~ 'a village'
- Collaboration attempts/successes
- Culture of family based decision-making
- Assessment of barriers
- Service availability
- Assessment of readiness
- Education opportunities and awareness
- Description of process ~ easy to understand so can 'buy in'
- System of care champion
- Community champion
- No wrong door concept

- Organizing entities
- Focus on maintenance of success

XIII. Request for Proposal (RFP)

- Identify return to state and the risks
 - Define how to fund from start to finish
 - State owned responsibility, not solely provider responsibility
 - How to use to build System of Care infrastructure
- How to prevent financial cut, i.e. shifts resulting in service gaps
 - Evaluate why kid is out of state
 - Potential return directly home
 - Strong family supports before kid comes home
 - Focus on use of existing resources first
 - Individual case vs. community system development
 - What the family/child need ~ non category funding
- Link to outcome to be achieved
 - Pay for performance
 - Multiple systems collaboration
 - Consider 'asking' partners to apply with consideration to develop their capacity
 - Develop potential service array